

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 8, 2004

Application or Docket Number

101 580 371

**CLAIMS AS FILED - PART I**

SMALL ENTITY  
TYPE ☐ OR

OTHER THAN  
SMALL ENTITY

|                                  | (Column 1)    | (Column 2)               |
|----------------------------------|---------------|--------------------------|
| U.S. NATIONAL STAGE FEES         |               |                          |
| BASIC FEE                        |               |                          |
| EXAMINATION FEE                  |               |                          |
| SEARCH FEE                       |               |                          |
| FEE FOR EXTRA SPEC. PGS.         | minus 100 =   | / 50 =                   |
| TOTAL CHARGEABLE CLAIMS          | 24 minus 20 = | 4                        |
| INDEPENDENT CLAIMS               | 1 minus 3 =   | —                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

| RATE       | FEE |
|------------|-----|
| BASIC FEE  |     |
| EXAM. FEE  |     |
| SEARCH FEE |     |
| X \$ 125 = |     |
| X \$ 25 =  |     |
| X \$ 100 = |     |
| + \$ 180 = |     |
| TOTAL      |     |

OR

| RATE       | FEE  |
|------------|------|
| BASIC FEE  | 300  |
| EXAM. FEE  | 200  |
| SEARCH FEE | 400  |
| X \$ 250 = | —    |
| X \$ 50 =  | 200  |
| X \$ 200 = | —    |
| + \$ 360 = | —    |
| TOTAL      | 1100 |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

SMALL ENTITY OR

OTHER THAN  
SMALL ENTITY

|                                                | (Column 1)                                |       | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|--------------------------|
| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total                                          | * 24                                      | Minus | ** 24                                       | = —                      |
| Independent                                    | * 1                                       | Minus | *** 1                                       | = —                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             | <input type="checkbox"/> |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 25 =           |                        |
| X \$ 100 =          |                        |
| + \$ 180 =          |                        |
| TOTAL ADDIT.<br>FFF |                        |

OR

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 50 =           |                        |
| X \$ 200 =          |                        |
| + \$ 360 =          |                        |
| TOTAL ADDIT.<br>FFF |                        |

|                                                | (Column 1)                                |       | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|--------------------------|
| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
| Total                                          | *                                         | Minus | **                                          | =                        |
| Independent                                    | *                                         | Minus | ***                                         | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |       |                                             | <input type="checkbox"/> |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 25 =           |                        |
| X \$ 100 =          |                        |
| + \$ 180 =          |                        |
| TOTAL ADDIT.<br>FFF |                        |

OR

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X \$ 50 =           |                        |
| X \$ 200 =          |                        |
| + \$ 360 =          |                        |
| TOTAL ADDIT.<br>FFF |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.